



Georgia Department of Human Resources

DIVISION OF PUBLIC HEALTH

The [Division of Public Health](#) (DPH) is responsible for disease control and prevention, the reduction of avoidable injury-related deaths and disabilities, and the promotion of healthy lifestyles. The three basic functions of public health include assessing the health status of the population; establishing and implementing sound public health policy, and assuring that people have the resources and skills necessary to remain healthy.

A staff of approximately 6,875 state and county public health employees, located in the state office, [18 health districts](#), and [159 county health departments](#) administer services that promote the health and well-being of the whole community. County public health departments also offer direct healthcare to low-income people and people in underserved areas of the state, and work with private medical providers to assure that these groups receive needed care.

The division's adjusted budget appropriation for fiscal year 2005 was \$325,861,218, which included \$143,951,929 in state funds. The FY 2006 budget is \$321,964,982, including \$149,201,063 in state funds.

Assessing Georgians' health status

DPH regularly collects, analyzes and shares information about health conditions, risks and resources in Georgia communities, so that decision makers can create sound public health policies. A wide range of disease occurrence and prevention information is available to the public as well as to medical professionals and researchers through the Internet at <http://health.state.ga.us> and <http://oasis.state.ga.us>.

The [Office of Health Information and Policy](#) (OHIP) maintains the division's health data repository and information standards, web site, and geographic information services; receives data; and produces health information. OHIP is combining hospital discharge data, vital records, and other health data to provide information for decision-makers from county boards of health to state agencies. In 2002, OHIP created the [Online Analytical Statistical Information System](#) (OASIS), a data-reporting tool which serves as a one-stop shop for public health information.

The [Epidemiology Branch](#) tracks mortality and morbidity patterns and health-related events and behavior of Georgia residents. With the advent of the [State Electronic Notifiable Disease Surveillance System](#), (SENDSS) a web-based system for reporting, disease surveillance is becoming easier and more rapid, accurate and useful, while protecting privacy and confidentiality. Additional resources from anti-bioterrorism efforts have further enhanced Public Health's capacity to detect and respond to unusual clusters of disease.

The branch oversees special surveys that are used by public and private groups to encourage individual behavior changes and guide overall health policy. The [Behavior Risk Factor Surveillance System](#) surveys Georgians annually about issues such as tobacco and alcohol use, seatbelt use, and exercise. The [Pregnancy Risk Assessment Monitoring System](#) collects information from women about prenatal care and their health-related behavior before and during pregnancy and after delivery. The [Georgia Comprehensive Cancer Registry](#) collects information on new cases of cancer.

In 2005, over 80 outbreaks were reported to the Epidemiology Branch. The most common etiologies of outbreaks reported during the year were norovirus (32 outbreaks) and *Salmonella* (11 outbreaks). Other outbreak etiologies included *Campylobacter*, *E. coli* O157, *Clostridium perfringens*, *Staphylococcus aureus*, *Giardia lamblia*, and *Shigella sonnei*. Several outbreaks of influenza in schools and nursing homes were also reported. The largest outbreak reported during 2005 was an outbreak of norovirus infections affecting over 200 conference attendees.

In 2005, the [Vital Records Branch](#) of DPH registered more than 560,000 births, deaths, marriages and divorces and over 30,000 other documents. Over 550,000 copies of records were made for customers and researchers.

The [Public Health Laboratory \(GPHL\)](#) plays a major role in detecting and controlling

infectious diseases and environmental health threats by testing specimens for infectious agents. It also screens for metabolic diseases and blood disorders in newborns born in Georgia. The laboratory consists of a central facility in Decatur and regional laboratories in Albany and Waycross. The staff processed nearly 700,000 specimens and performed almost three million tests in FY 2005. During fall 2001, the laboratory worked closely with the FBI, local law enforcement and other public safety agencies, testing over 600 specimens for anthrax and providing anthrax testing for the United States Postal Service. The GPHL continues to provide testing of bioterrorism specimens from within the state and will be an important resource in detecting any suspected bioterrorist event in Georgia.

Assuring the health of Georgians

Assurance means making sure that Georgia citizens can get the health services they need and that measures to protect the public's health are in place, from both public and private sources. The state and district health offices have initiated a broad range of state, district, and county level activities to strengthen the public health infrastructure and the ability to detect, investigate and respond to emergency events.

Following the events of 9/11 and the anthrax outbreak, Congress funded every state to improve public health's ability to respond to bioterrorism, terrorism and other public health emergencies. Georgia's funds are used at the state and local levels. This effort involves work both within public health agencies and with community partners such as hospitals, emergency medical service providers, private physicians and other health professionals, laboratories, and universities to develop plans and, when necessary, respond to emergency situations.

The [Office of Pharmacy](#) oversees the state's pharmacy warehouse and ships supplies for preventing and treating disease to all public health departments, over 1,200 Vaccine for Children providers, nursing homes, substance abuse treatment centers and other sites in Georgia. The Office of Pharmacy also maintains quality assurance, provides information about pharmaceuticals, helps develop disease treatment guidelines and nurse protocols, and helps train health professionals.

Since reaching a peak of 909 cases in 1991, tuberculosis has declined in Georgia, with 511 cases in 2005. The [Tuberculosis Section](#) works with local health agencies and with private physicians to deal with active cases and increase directly observed therapy (DOT). In 2005, DHR launched a TB public awareness campaign in Fulton County called [H.A.L.T. \(Hear, Act, Learn, Treat\) Tuberculosis](#). The campaign includes community outreach education and training and a mass media component.

The **Refugee Health** program provides health screening, immunization, case follow-up, interpretation, outreach, information and referrals for refugees who need health care. Objectives of the program are to eliminate health-related barriers to successful resettlement; and, detect and treat communicable diseases before they become a public health problem. The program receives funding from the federal Office of Refugee Resettlement.

The [Sexually Transmitted Disease \(STD\)](#) and [Human Immunodeficiency Virus \(HIV\)](#) sections offer STD and HIV testing, counseling, education, treatment, partner notification and technical assistance in all 18 public health districts and related organizations. In 2004, Georgia reported 549 cases of primary and secondary syphilis, 15,783 cases of gonorrhea and 34,280 cases of chlamydia. In 2004, Georgia HIV Counseling and Testing programs provided 99,019 HIV antibody tests and identified, counseled and referred to services 998 HIV-positive individuals.

The division's HIV/AIDS prevention efforts include education, counseling, testing, voluntary partner counseling, and referral services. DPH provided federal funds to community-based organizations, health departments and county jails statewide to promote evidence-based interventions, health education and risk reduction and skill building workshops for populations at highest risk for HIV infection. Funding and program priorities are developed by community planning councils in a formal process.

The HIV program also distributed federal **Ryan White Care Act Title II** funds to 17 county health departments and community-based organizations for primary care and support

services for Georgians living with HIV/AIDS. The **AIDS Drug Assistance Program** provided medications to over 6,000 Georgians in 2005. The **Health Insurance Continuation** program paid premiums for more than 300 people to help them maintain their health insurance coverage.

Preventing [chronic diseases](#) and promoting healthy lifestyles for all Georgians

The top three causes of death in Georgia, cardiovascular disease, cancer and stroke, make up more than 62 percent of all deaths. The division works to prevent chronic diseases and their complications, disability, premature death by assisting Georgians in achieving their highest level of health by raising public awareness and promoting healthy lifestyles. Tobacco use is the number one preventable cause of death. Georgia's [comprehensive tobacco use prevention program](#) aims to 1) reduce the number of youth who start using tobacco; 2) eliminate secondhand smoke exposure; 3) promote quitting tobacco use; 4) reduce the use and effect of tobacco use among hardest-hit populations.

DPH's [Cancer Control](#) programs in collaboration with the Georgia Cancer Coalition, the Centers for Disease Control and Prevention, the Department of Community Health and nonprofit agencies serve about 11,000 low-income, uninsured women for breast and cervical cancer each year; provide professional education in breast, cervical, prostate and colorectal cancer; and provide treatment of breast and cervical cancer through the Women's Health Medicaid Program. The Cancer State Aid program funds treatment and diagnosis for eligible low-income, uninsured Georgians who have all types of cancer. Cancer control programs have also increased

[Stroke and Heart Attack Prevention](#) programs serve approximately 15,000 Georgians with hypertension and other risk factors for cardiovascular disease. A primary focus is to promote the signs and symptoms of heart attack and stroke. New programs seek to reduce the risk of high blood pressure, diabetes and other disabling conditions through policy and environmental changes that promote better nutrition and increased physical activity.

Ensuring a safe and healthy environment for all Georgians

In fiscal year 2005, the division's [Environmental Health Branch](#) programs provided 69,520 routine and follow-up inspections in food service facilities and 4,104 inspections in tourist accommodations, approved 45,107 new sewage systems, collected and tested 8,647 well water samples, and found more than 2,400 contaminated wells. In addition, 16,716 swimming pool inspections were made. They also investigated 14,822 animal complaints including animal bites, and 25,621 other environmental health complaints.

The division's [regulatory functions](#) included oversight of the state's 13,700+ licensed medics; 270 ambulance services, medical first responder and neonatal transport services; 85 approved Emergency Medical Technician (EMT) training programs; and 15 designated trauma centers. Last year, DPH oversaw the administration of 3,500 medic competency examinations, and licensed and renewed licenses for over 1,400 EMTs.

The [Injury Prevention program](#) seeks to minimize injuries and their human and economic costs by raising public awareness of injury risks, implementing best practices among high-risk populations, collecting data to assist decision making and evaluation, and helping organizations work together to prevent injuries. In FY 2005, the program and its partners distributed over 5,000 child safety seats and close to 5,000 smoke alarms to at-risk families.

Improving the health of Georgia's mothers and children

DPH's [Family Health Branch](#) works to improve health outcomes for women, infants and children through prevention, early intervention, and treatment services in collaboration with the private sector.

[Children 1st](#) gives families a single point of entry into a wide range of public health and community programs to help children ages birth through five who may be at risk for poor health or development. During FY2005, Children 1st identified over 53,000 newborns and children needing medical or developmental services. Of those children identified, over 21,000 family

assessments were completed to identify family strengths and needs. Referral sources include doctors, nurses, hospitals or various community providers and caretakers. Of those children assessed, over 20,000 children were linked to primary health care providers for continued assistance. Over 43,000 children were monitored last year for health and developmental status.

In order to prevent or minimize disabilities, DPH operates **newborn screening** programs for all Georgia newborns in collaboration with hospitals. During FY 2005, 98% of newborns were screened for [hearing loss](#) – over 133,000 babies. Newborns are also screened for seven [metabolic disorders and hemoglobinopathies](#). In FY 2005, over 199,000 newborn screening specimens (blood spots) were tested in the Georgia Public Health Laboratory; 82 infants were diagnosed with metabolic diseases; and 132 infants were diagnosed with sickle cell anemia.

A [Sudden Infant Death Syndrome](#) program gives risk reduction information to new parents, grandparents and child care providers. A [School Health](#) program gives public school nurses materials, technical assistance and training, and school children are screened for [vision](#), [hearing](#), [dental health](#), and [scoliosis](#).

Health Check is a preventive and primary health care program for children enrolled in [Medicaid or PeachCare](#), offered by both public and private health care providers. The Well Child Check Team in the Office of Infant and Child Health Services collaborates with the Department of Community Health and the American Academy of Pediatrics, Georgia Chapter, to provide quality assurance and technical assistance for Health Check services in the 18 public health districts, private health care providers, hospitals, Federally Qualified Health Centers, and rural health centers.

Early intervention can minimize and in some cases prevent disabilities. In FY 2005, the [Babies Can't Wait](#) program provided early intervention services to 11,000 infants and toddlers to minimize their developmental delays. Most of these services were provided by private sector practitioners. The [Children's Medical Services](#) (CMS) program partners with private doctors to care for chronically ill and disabled children from birth to age 21. In FY 2005, CMS provided specialized medical/health care and care coordination services to approximately 10,000 Georgia children (birth to 21 years).

In order to reduce high-risk behaviors in teens, DPH manages a comprehensive [Adolescent Health and Youth Development](#) (AHYD) program. AHYD offer services in communities throughout Georgia and at 32 Adolescent Health and Youth Development Program sites located in 28 counties. The AHYD program collaborates with families and communities to foster abstinence and promote healthy behavior among youth through positive activities. Each county adolescent health program is required to establish a parent and youth advisory committee. Programs also engage local businesses, civic associations, schools, volunteers and the faith community in positive adolescent health promotion. In FY 2005, the Office of Adolescent Health and Youth Development provided individual services to 83,275 youth statewide including 45,486 comprehensive health services and 7,950 referrals to community services.

In November 2005, the [Nutrition](#) Section, in partnership with other branches in the Division, published a statewide Nutrition and Physical Activity Plan to Prevent Obesity and Other Chronic Diseases, 2005-2015. This plan is a key deliverable of the Division of Public Health's Interbranch Nutrition and Physical Activity Initiative, funded through a five-year (2003-2008) agreement with CDC. The plan aims to increase breastfeeding initiation and duration, improve healthy eating, increase physical activity, and decrease television viewing/screen time, using education/skill-building, policy and environmental change strategies in different settings (schools, worksites, faith-based, community, healthcare). A taskforce of internal and external partners (Take Charge of Your Health, Georgia Task Force) was also formed to participate in the planning and implementation of the plan. The initiative is now in the process of identifying priority strategies to support the implementation of the plan.

In FY 2005, each month approximately 267,500 women, infants and children received nutritious supplemental foods along with nutrition education, through the [Women, Infants and Children](#) (WIC) program. WIC also encourages participating mothers to breastfeed so their babies will be healthier. In addition, the WIC Farmer's Market Nutrition Program helped participants to purchase fresh fruits and vegetables from local farmers in 59 counties.

The [Immunization](#) program works with county health departments, community health centers and private providers to assure children are immunized against 14 vaccine-preventable diseases. This includes administering the federal [Vaccines for Children program](#) in Georgia, which gives free vaccine for eligible children up to age 19, and educating providers on immunization issues. The Georgia Registry of Immunization Transactions and Services (GRITS), also known as the [Georgia Immunization Registry](#), has been developed to track children's immunization records. The program also works to prevent flu and pneumonia among the elderly and chronically ill and to reduce Hepatitis A and Hepatitis B in high-risk groups.

The [Oral Health Prevention](#) program has greatly expanded school-based preventive services using portable dental equipment, nine mobile dental trailers and two vans to serve poor children, especially in rural areas. In FY2005, 196,148 children received dental prevention and treatment services through 393 program visits to schools and other child facilities in the 18 health districts. In some rural areas more than 90% of the low-income children served have never been to the dentist. They are given preventive services including dental sealants, and referrals or emergency treatment.

In order to lower Georgia's infant mortality rates, DPH provides comprehensive [women's health](#) services in all 159 counties. To ensure that women have access to these services, services are also provided in non-traditional sites such as housing projects and local malls. In FY 2005, 169,495 women and 5,957 men received [family planning](#) services. Folic acid supplements are available to all family planning clients to prevent neural tube defects such as spina bifida.

Once pregnant, it is critical that a woman receive [early, ongoing, and comprehensive prenatal care](#) that appropriately addresses health risks involving the mother and baby. To make sure more women entered prenatal care early, DPH provided **perinatal case management** services to over 44,000 pregnant women in FY 2005. The **Resource Mothers** program, which pairs pregnant teens with experienced mothers, conducted 2,823 home visits in FY 2005 to encourage the young women to get prenatal care, and provide them with information and resources to care for their babies. The **Babies Born Healthy** program paid for prenatal care for 4,004 women in FY 2005 who were uninsured or underinsured. DPH also manages contracts with the state's six tertiary **perinatal centers** to provide pregnancy, labor, delivery and neonatal services to high-risk women and their newborns. Through these centers, comprehensive, community-based perinatal planning activities link hospitals, health departments, and communities in addressing barriers to perinatal health at the regional level. In FY 2005, this comprehensive program funded high-risk services in the perinatal centers to 5,504 infants and 13,183 women.

Disseminating wellness and health information to Georgians

As part of its role to monitor and assess community health status and needs as well as to promote healthy lifestyles, the division publishes reports on a wide variety of topics. These reports are available at <http://health.state.ga.us/publications/reports.asp>. Recent reports include:

- The [Cardiovascular Disease Report 2005, Georgia](#) includes statewide and county-specific information on CVD, ischemic heart disease, and stroke in Georgia.
- The [Diabetes Report, 2003](#) provides highlights of the burden of diabetes in Georgia, including prevalence information, death rates, and hospitalization rates from diabetes. The report also provides information about routine healthy behaviors that prevent the onset of type 2 diabetes, as well as behaviors and medical services that prevent complications of diabetes.
- The [Georgia's Family Planning Program Facts at a Glance, Fiscal Year 2005](#) presents an overview of the Georgia Family Planning Program's services and clients and is based on data submitted by a network of 276 clinic sites across the state.
- The [Georgia's Resource Guide for Families of Children with Hearing Loss](#) was written for families of infants and children recently identified with hearing loss to help families with their

questions and concerns about their child's hearing loss and assist them in finding local resources for services.

- [Health Behaviors among Georgia Youth in 1993 and 2003](#) compares the results of the 1993 Youth Risk Behavior Survey (YRBS) to those of the 2003 Georgia Student Health Survey. Topics covered in this report include unintentional injuries and violence, tobacco use, alcohol and other drug use, dietary behaviors, and physical activity.
- [Maternal and Child Health in Georgia: Birth through Age 5 – Report and Executive Summary](#) is an interactive CD which includes key strategic recommendations, tools for advocates, web links, video clips of Georgia programs, and Georgia specific data. The heart of the report is MCH Topics section with information related to pre-pregnancy health, prenatal and maternal health, infant health, and early childhood health and development. This report may be a useful tool for community planners, state and local leaders, advocates, legislators, students, families, clinicians, and policymakers.
- [Obesity in Georgia's 3rd Grade Children](#) describes the burden of obesity in Georgia's 3rd grade children and highlight immediate actions needed to address the childhood obesity epidemic.
- [Overweight and Obesity in Georgia 2005](#) summarizes the burden of overweight and obesity in Georgia. The report also highlights strategies to prevent obesity by increasing breastfeeding initiation and duration, improving healthy eating habits, increasing physical activity and decreasing television viewing. The information presented in this report is intended to help plan, implement and evaluate programs to promote healthy behaviors in all Georgians.
- The [Strategic Plan for Addressing Asthma in Georgia 2004](#) describes the magnitude and severity of the asthma problem in Georgia and sets forth a framework and strategy that will guide the future direction of statewide efforts to address asthma in Georgia.
- The [Student Health Survey Report, 2003, Georgia](#) describes the results of the 2003 Georgia Student Health Survey among random statewide sample of public middle and high school students. Topics covered in this report include unintentional injuries and violence, tobacco use, alcohol and other drug use, dietary behaviors, and physical activity.
- The [Take Charge of Your Health, Georgia! Georgia's 10-year Nutrition and Physical Activity Plan](#) and [Executive Summary](#) is a comprehensive plan to prevent and control obesity and other chronic diseases by increasing breastfeeding, improving healthy eating habits, increasing physical activity and decreasing television viewing/screen time. Education, policy and environmental strategies are identified.
- The [Tobacco Surveillance Report, GA 2004](#) describes the array of surveillance activities pertaining to tobacco use in Georgia and provides information about a) the toll of tobacco on Georgians in terms of smoking-related diseases and their associated costs, b) the prevalence of smoking among Georgia adults and youth, and c) efforts to reduce the burden of smoking through quit line services and policy and environmental measures.

Georgia Department of Human Resources
Office of Communications
www.dhr.georgia.gov
February 2006